

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

Office Use **15 JUL 15 PM 2:24**

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

Donna Edwards for Senate

ADDRESS (number and street) PO Box 44305

☐ Check if different than previously reported. (ACC)

Fort Washington
CITY

MD
STATE

20749
ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00574145

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

STATE

DISTRICT

MD

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the State of

☐ Termination Report (TER)

5. Covering Period

04/01/2015

through

06/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Janice Edwards**

Signature of Treasurer

Janice Edwards

Date

7/09/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)